



CAHPS[®]
Health Care Quality Information
From the Consumer Perspective

HEDIS[®]
Health Care Quality Information
Based on Health Plan Performance

Health Plan Report Card

2003

- ◆ The health plan you choose can make a difference in the quality of care you get.
- ◆ This health plan report card gives you new information on health care quality from a consumer perspective.

CAHPS [®] Health Plan Report Card Summary	page E-3
Quality of Care from the Consumer's Perspective	page E-5
Background	page E-6
Historical Rating Summary	page E-8
Overall Ratings	page E-9
Specific Topic Ratings	page E-11
Details for Selected Results	page E-14
Grievance and Complaint Tables	page E-24
HEDIS [®] Health Plan Report Card Summary	page E-26
HEDIS [®] Results	page E-28

The Department of Employee Trust Funds (ETF) would like to thank all of the respondents for participating in this year's successful survey. We look forward to your continued enthusiastic support and cooperation in future member satisfaction surveys.

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Health Plan Report Card Summary

Member Satisfaction with Health Plans and Medical Care

CHOOSING A HEALTH PLAN. The health plan report card section provides employees and their families with the results of the annual member satisfaction survey. Each year in the *It's Your Choice* booklet, selected survey questions and results are included for members to review. The report card is a representation of survey respondents' perceptions and opinions of health care services provided by their health plan and primary care physician during the previous year. This information is included to provide a consumer perspective for employees considering selecting or changing their health plan. Choosing a health plan is a complex and individual decision based on many considerations; such as cost, choice of primary care provider, location of services, hospital and provider network, ease of accessing services, ease of using the managed care system, and consumer satisfaction. In addition to member satisfaction survey results, the *It's Your Choice* booklet includes supplemental health plan information which may be beneficial in choosing health plan coverage. **This information is available for review in Section B (Common Questions & Answers) and in Section F (Plan Descriptions) of this booklet.**

CONSUMER ASSESSMENT OF HEALTH PLANS (CAHPS®). The Consumer Assessment of Health Plans (CAHPS®) survey was developed collaboratively by several leading health care research organizations such as the Agency for Health Care Policy and Research, Harvard Medical School, RAND, Research Triangle Institute, and Westat. The CAHPS® survey instrument was thoroughly tested for reliability and validity by the CAHPS® development team. CAHPS® is designed to:

- Focus on information that consumers want when choosing a plan and present this information in easy to understand reports;
- Cover specific plan features such as access to specialists, quality of patient-physician interaction, and coordination of care;
- Provide standardized questionnaires for assessing experiences across different populations, health care delivery systems, and geographic areas;
- Improve the utility and value of survey questions and enhance the reliability and the comparability of survey results across different plans and population groups.

We believe this format provides members with the kind of detailed information necessary when selecting a new health plan during the Dual-Choice enrollment period. We have found that consumers want to know more than just the cost of the plan or facts about the services. The opinions and experiences of people already enrolled in the plan are as important to consumers as the cost and the facts.

PARTICIPANT SURVEY. The health plan report card section represents the result of a random sample telephone survey of active health plan members conducted in the spring of 2003 by an independent marketing research firm, The Myers Group (TMG). Forty-six percent of those who responded stated that they were covered by their health plan for at least one year but less than five years, while forty-five percent were covered by their health plan for five years or more.

HEALTH PLANS SURVEYED. The health plan report card section presents survey results for twenty health plans. Four Standard Plans are grouped together—Standard Plan, Standard Plan II, State Maintenance Plan, and Medicare Plus \$100,000.

OVERALL RATINGS SECTION. The "Overall Ratings Section" shows survey respondent ratings compared to the overall statewide average for selected plan attributes. The three star format lets you know which plans scored above, at, or below the statewide average for all plans. These attributes include ratings for:

- Health plan
- Health care
- Primary doctor
- Specialists
- Health plan from those having three or medical visits in a year
- Health care from those having three or medical visits in a year
- Primary doctor from those having three or medical visits in a year
- Specialists from those having three or more medical visits in a year
- Getting care that is needed composite (score based on multiple survey questions)
- Getting care without long waits composite
- Courtesy, respect and helpfulness of office staff composite
- How well doctors communicate composite
- Health plan customer service composite
- Claims processing composite
- Rating of plan's efforts to provide educational materials on health/wellness issues
- Change in health plan's overall performance
- Recommendation of health plan

MEASURING DIFFERENCES BETWEEN SCORES. Random sampling methodologies are often used to measure the opinions of a population, like all State employees. It is typically more practical and less expensive to survey a sample rather than an entire population. However, survey results from a randomly selected sample are not 100 percent accurate. In order to identify real differences between mean scores, certain statistical tests are performed, which account for the inherent error associated with random sampling methodologies. All statistical testing performed for the health plan report card is conducted using a 0.05 level of significance (alpha value), which is generally accepted as a standard in the market research industry. Using a 0.05 level of significance means that—given the assumptions/conditions of the statistical test—there is a probability of 0.05 that a difference will be concluded when one does not exist. Throughout the health plan report card you will notice references to "statistically significant differences" or "statistical testing." When scores are noted to be different, statistical testing has indicated that, if the same survey were conducted 100 times, the same conclusions would be expected 95 times.

DETF COMPLAINT SECTION. The chart in this section represents the number of complaints, by plan, received by DETF in 2002. Members are asked to complete the plan's grievance process before filing a complaint with DETF. **More information on filing a complaint can be found in Section B of the Question & Answer Section (see "What if I have a complaint about my health plan?").** Please note that this information is separate from the CAHPS® consumer survey and is for informational purposes only.

Quality of Care from the Consumer's Perspective

THINKING ABOUT QUALITY. One way to measure quality of care is to look at the technical side. For example, if people have surgery, do they go well? Do they recover quickly? The technical side of quality also includes looking at whether the care people receive helps them stay as healthy as possible. For example, do young children get the shots needed to prevent disease? Do people get checkups and other preventative care that catches health problems at an early stage? **The technical side of health care quality is very important, but it doesn't give you the whole picture.**

**There's another way
to measure quality.** ➔ **It's health care quality
from the
patient's point of view.**

That's what the survey information in this health plan report card is about. The annual member satisfaction survey covers areas where people enrolled in the health plans are really the experts about how well their plan is working. The survey does not ask about technical issues that can be hard for patients to judge, such as the skill level of a surgeon. Instead, patients are asked about their experiences. Below are the types of questions they are asked:

- **Could they get appointments quickly when they needed them?**
- **Did their doctors explain issues in a way they could understand?**
- **Were they treated with courtesy and respect by office staff?**
- **Could they get the information they needed from the health plan?**

Answers to these and other questions are in this booklet to help you evaluate your health plan choices. **The survey results are the opinions and judgements of the people who were surveyed.** Your experience with a health plan could be different from those of the people surveyed. However, it can be helpful to know what other people's experiences have been. The survey results are only meant to help consumers make more informed choices and are not the evaluation or recommendations of the Department of Employee Trust Funds.

Some interesting facts about this survey:

- The survey was completed by an outside, independent, professional, market research firm—not by the health plans.
- The survey included enough people from each plan to make their answers representative. People answered questions about their plan only.
- The survey asked people about their experiences with their current health plan and medical care during the previous 12 months.

Background on the survey and interpreting the results

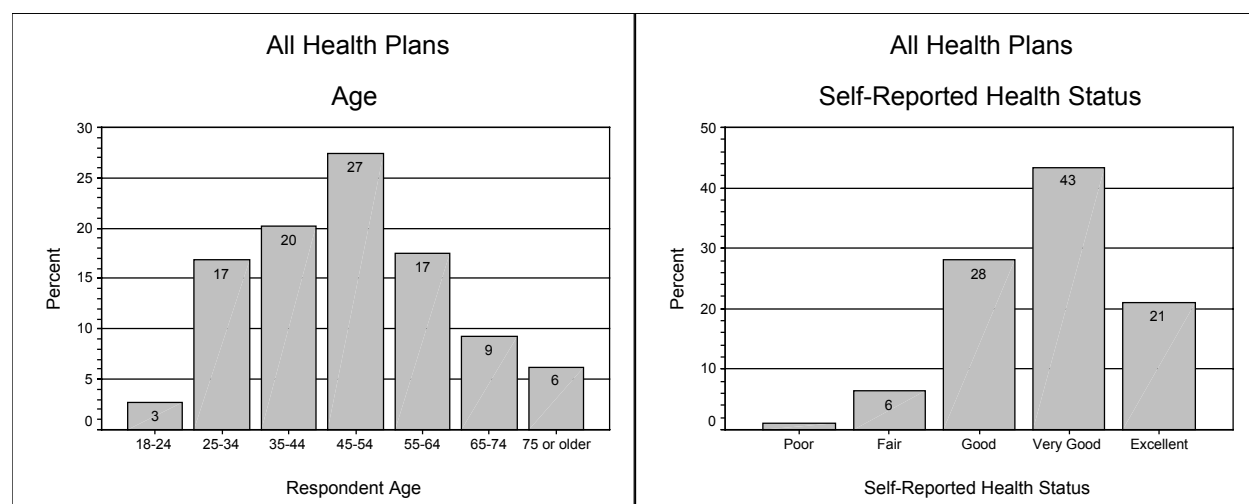
WHO DID THE SURVEY. The survey was completed by The Myers Group, an outside, independent, professional market research firm—not by the health plans. It was coordinated by the Department of Employee Trust Funds.

WHO WAS SURVEYED. This report contains results from a survey of 6,100 members of 20 health plans. For each health plan, a representative group of plan members were randomly selected to participate in this study.¹ These people were asked to answer the survey questions based on their experiences with their health plan during the previous 12 months.

When taking the combined responses over all of the health plans:

- 51.6 percent of those who responded to the gender question stated that they are female
- 59.1 percent of those who responded to the education question stated that they have attained a four-year college degree or more.

Additional demographic information is shown in the following bar charts.



HOW THE SURVEY WAS DONE. The telephone survey was conducted during the spring of 2003. Participation was voluntary and confidential. Of the plan members who were randomly selected to be in the survey sample and were reached by telephone, 71% of those contacted agreed to be interviewed.

¹ Respondents were randomly sampled with the intention to provide a precision level of $\pm 5\%$ at a 95% confidence interval for each participating health plan. This level of precision was largely achieved.

HOW THE STARS (★) SHOW HEALTH PLAN COMPARISONS. The stars on pages E-9 through E-13 show the results of statistical tests between each plan's score and the overall score for all health plans. All health plans include those options that were available in 2003. These tests tell which plans are rated **significantly** higher or lower than average.

- For the "0 to 10" scale (0 meaning "worst possible" and 10 meaning "best possible"), scores are averages.
- For the questions that asked "how often," scores are averages on a scale from 1 to 4 (1 meaning "never" and 4 meaning "always").
- For the "yes-no" questions, scores are the percent who said "yes."
- For the questions that asked "how much of a problem," scores are averages on a scale from 1 to 3 (1 meaning "a big problem" and 3 meaning "not a problem").
- All plan comparisons in this report use the $p \leq 0.05$ significance level for testing of a difference. This means that—given the assumptions/conditions of the statistical test—there is one chance in 20 that a noted difference ("better than average" or "below average") came about just by chance.

INTERPRETING THE SURVEY RESULTS. When you compare plan results shown in the bar graphs, you should ignore small differences in percentages because survey results have a "margin of error." Differences between plans may result from chance alone rather than any real difference among plans. There were some differences from one health plan to another in the health and age of survey respondents. Since people's health and age may influence the way they answer survey questions, minor statistical adjustments were made so that these differences would not affect the plan-by-plan comparisons.

Historical Rating Summary

- The questions for overall ratings used a scale from 0 to 10, where 0 means “worst possible” and 10 means “best possible.” The average scores are presented in the chart below.
- See pages E-14 through E-17 for more specific information on overall ratings.

Historical Rating Summary												
Health Plan	How people rated their HEALTH PLAN			How people rated their HEALTH CARE			How people rated their PRIMARY DOCTORS**			How people rated their SPECIALISTS**		
Year	2001	2002	2003	2001	2002	2003	2001	2002	2003	2001	2002	2003
All Health Plans	8.19	8.04*	8.18*	8.48	8.46	8.54*	8.59	8.60	8.56	8.46	8.34*	8.50*
Atrium Health Plan	8.25	8.13	7.94	8.52	8.36	8.50	8.67	8.64	8.48	8.22	8.07	8.31
Compcare/Aurora Fam ¹	7.55	7.37	7.38	8.32	7.97*	8.11	8.52	8.48	8.37	8.59	8.12*	7.96
Compcare/Northeast ¹	7.55	7.35	7.73*	8.32	8.29	8.33	8.52	8.37	8.23	8.59	8.29	8.54
Dean Health Plan	8.34	8.23	8.56*	8.45	8.47	8.69*	8.56	8.62	8.72	8.48	8.13	8.59*
GHC-Eau Claire	8.41	8.63	8.60	8.59	8.70	8.79	8.81	8.67	8.73	8.68	8.83	8.76
GHC-South Central	8.21	8.32	8.28	8.30	8.31	8.32	8.29	8.28	8.51	8.28	8.02	8.45
Gundersen Lutheran	8.78	8.60	8.49	8.79	8.73	8.64	8.77	8.76	8.69	8.58	8.44	8.60
Health Tradition	8.37	8.34	8.47	8.58	8.69	8.76	8.73	8.88	8.76	8.48	8.54	8.68
Humana-Eastern ²	7.38	7.40	7.80*	8.23	8.40	8.46	8.54	8.42	8.49	8.36	8.25	8.54
Humana-Western ²	7.38	7.62	8.00*	8.23	8.57*	8.64	8.54	8.66	8.69	8.36	8.18	8.66
Medical Associates	8.54	8.68	8.58	8.60	8.73	8.70	8.78	8.81	8.71	8.50	8.40	8.63
MercyCare Health Plan	8.37	7.93*	8.23*	8.44	8.29	8.47	8.48	8.38	8.43	7.88	8.11	8.34
Network Health Plan	8.09	8.18	8.22	8.25	8.35	8.36	8.19	8.48*	8.41	8.49	8.43	8.41
Physicians Plus	8.30	8.09	8.21	8.52	8.36	8.57	8.60	8.58	8.54	8.68	8.34*	8.59
Prevea Health Plan	7.57	7.52	7.84	8.23	8.26	8.58	8.37	8.52	8.36	8.47	8.11	8.39
Standard Plans	7.80	8.03	8.39*	8.52	8.49	8.63	8.61	8.71	8.61	8.66	8.63	8.41
Touchpoint	7.93	8.15	7.87*	8.36	8.44	8.30	8.53	8.63	8.26*	8.29	8.48	8.25
Unity-Community	8.04	8.03	8.00	8.37	8.48	8.41	8.61	8.59	8.55	8.51	8.50	8.46
Unity-UW Health	8.14	8.03	8.40*	8.45	8.38	8.60*	8.69	8.63	8.64	8.48	8.32	8.68*
Valley Health Plan	8.83	8.65	8.66	8.90	8.85	8.92	8.79	8.87	8.91	8.65	8.53	8.77*

*The average scores from 2002 were compared to the average scores from 2001 and the average scores from 2003 were compared to the average scores from 2002 to test for statistically significant differences. Statistically significant differences are bolded and indicated with an asterisk. This means that if the same survey were conducted 100 times, the same conclusion would be expected 95 times. See page E-4, **MEASURING DIFFERENCES BETWEEN SCORES** for more detail about “statistically significant differences.”

**People enrolled in the Standard Plans have no network limitations in choosing health care providers.

¹In 2001, CompCare was evaluated as one health plan. In 2002 and this year, CompCare is evaluated as two health plans—CompCare/Aurora Family and CompCare/Northeast.

²In 2001, Humana was evaluated as one health plan. In 2002 and this year, Humana is evaluated as two health plans—Humana-Eastern and Humana-Western.

Overall Ratings by People Who Were Surveyed

- ★★★ Score for health plan on the scale from 0-10 is **better than the average** score for all plans.
- ★★ **Average** (Score for health plan on the scale from 0-10 is neither higher nor lower than the average score for all plans.)
- ★ Score for health plan on the scale from 0-10 is **below the average** score for all plans.

- This chart shows results for individual survey questions that asked people to give their overall ratings of their health plan, health care, and doctors.
- The questions for overall ratings used a scale from 0 to 10, where 0 means “worst possible” and 10 means “best possible.” The average scores are presented in the chart below.
- See pages E-6 through E-7 for more about the survey and how to interpret the survey results and for details about stars.

Overall Ratings				
Health Plan	How people rated their HEALTH PLAN	How people rated their HEALTH CARE	How people rated their PRIMARY DOCTORS*	How people rated their SPECIALISTS*
Average—All Health Plans	8.18	8.54	8.56	8.50
Atrium Health Plan	★	★★	★★	★★
CompCare Blue Aurora Family	★	★	★	★
CompCare Blue Northeast	★	★	★	★★
Dean Health Plan	★★★	★★★	★★★	★★
GHC-Eau Claire	★★★	★★★	★★★	★★★
GHC-South Central	★★	★	★★	★★
Gundersen Lutheran	★★★	★★	★★	★★
Health Tradition	★★★	★★★	★★★	★★
Humana-Eastern	★	★★	★★	★★
Humana-Western	★★	★★	★★	★★
Medical Associates	★★★	★★★	★★	★★
MercyCare Health Plan	★★	★★	★★	★★
Network Health Plan	★★	★	★★	★★
Physicians Plus	★★	★★	★★	★★
Prevea Health Plan	★	★★	★★	★★
Standard Plans	★★★	★★	★★	★★
Touchpoint	★	★	★	★★
Unity-Community	★★	★★	★★	★★
Unity-UW Health	★★★	★★	★★	★★
Valley Health Plan	★★★	★★★	★★★	★★★

*People enrolled in the Standard Plans have no network limitations in choosing health care providers.

- Even if you don't expect to visit the doctor very often, ratings from people who have received a lot of medical care can tell you a great deal about how well a health plan works. Their experience may be helpful when deciding which health plan might be best for you.
- Instead of showing answers from everyone who was surveyed, this chart only shows the answers from people who went to the doctor's office 3 or more times in the previous 12 months.
- See pages E-6 through E-7 for more about the survey and how to interpret the survey results and for details about stars.

- ★★★ Score for health plan on the scale from 0-10 is **better than the average** score for all plans.
- ★★ **Average** (Score for health plan on the scale from 0-10 is neither higher nor lower than the average score for all plans.)
- ★ Score for health plan on the scale from 0-10 is **below the average** score for all plans.

Ratings by PEOPLE WHO HAVE HAD 3 OR MORE MEDICAL VISITS IN THE LAST 12 MONTHS				
Health Plan	How people with 3 or more visits rated their HEALTH PLAN	How people with 3 or more visits rated their HEALTH CARE	How people with 3 or more visits rated their PRIMARY DOCTORS*	How people with 3 or more visits rated their SPECIALISTS*
Average—All Health Plans	8.22	8.54	8.61	8.47
Atrium Health Plan	★★	★★	★★	★★
Compcare Blue Aurora Family	★	★	★★	★★
Compcare Blue Northeast	★	★	★	★★
Dean Health Plan	★★★	★★	★★	★★
GHC-Eau Claire	★★★	★★★	★★★	★★★
GHC-South Central	★★	★★	★★	★★
Gundersen Lutheran	★★★	★★	★★	★★
Health Tradition	★★	★★	★★	★★
Humana-Eastern	★	★★	★★	★★
Humana-Western	★★	★★★	★★★	★★★
Medical Associates	★★★	★★	★★	★★
MercyCare Health Plan	★★	★★	★★	★★
Network Health Plan	★★	★★	★★	★★
Physicians Plus	★★	★★	★★	★★
Prevea Health Plan	★★	★★	★★	★★
Standard Plans	★★	★★	★★	★★
Touchpoint	★	★	★★	★★
Unity-Community	★★	★★	★★	★★
Unity-UW Health	★★★	★★	★★	★★
Valley Health Plan	★★★	★★★	★★★	★★★

*People enrolled in the Standard Plans have no network limitations in choosing health care providers.

What People Said About Specific Topics

- ★★★ Score for health plan is **better than the average** score for all plans.
- ★★ **Average** (Score for health plan is neither higher nor lower than the average score for all plans.)
- ★ Score for health plan is **below the average** score for all plans.

- All of these topics combine survey results for more than one question.
- See pages E-6 and E-7 for more about the survey and how to interpret the survey results and for details about stars.

	Getting the care you need, when you need it		Medical Office Staff	Doctors
	Getting care that is needed	Getting care without long waits	Courtesy, respect and helpfulness of office staff	How well doctors communicate*
Health Plan				
Atrium Health Plan	★★	★★	★★	★★
Compcare Blue Aurora Family	★	★★	★	★★
Compcare Blue Northeast	★	★★	★	★★
Dean Health Plan	★★	★★	★★	★★
GHC-Eau Claire	★★	★★★	★★★	★★
GHC-South Central	★★	★★	★	★
Gundersen Lutheran	★★	★★	★★	★
Health Tradition	★★	★★	★★★	★★★
Humana-Eastern	★★	★	★★	★★
Humana-Western	★★	★★	★★	★★
Medical Associates	★★★	★★	★★★	★★★
MercyCare Health Plan	★★	★★	★★	★★
Network Health Plan	★★	★	★★	★
Physicians Plus	★★	★★	★★	★★
Prevea Health Plan	★★	★★★	★★	★★
Standard Plans	★★	★★	★★	★★
Touchpoint	★★	★★	★★	★★
Unity-Community	★★	★★	★★	★★
Unity-UW Health	★★	★	★★	★★
Valley Health Plan	★★★	★★★	★★★	★★★

*People enrolled in the Standard Plans have no network limitations in choosing health care providers.

- **Health plan customer service and claims processing combine survey results for more than one question.**
- See pages E-6 and E-7 for more about the survey and how to interpret the survey results and for details about stars.

- ★★★ Score for health plan is **better than the average** score for all plans.
- ★★ **Average** (Score for health plan is neither higher nor lower than the average score for all plans.)
- ★ Score for health plan is **below the average** score for all plans.

Health Plan	The Health Plan		Plan
	Health plan customer service	Claims Processing	Rate plan's efforts to provide educational materials on health/wellness issues*
Atrium Health Plan	★★	★★	★★
Compcare Blue Aurora Family	★	★	★
Compcare Blue Northeast	★	★	★
Dean Health Plan	★★	★★	★★★
GHC-Eau Claire	★★	★★★	★★
GHC-South Central	★★★	★★★	★★★
Gundersen Lutheran	★★	★★★	★★
Health Tradition	★★	★★★	★★★
Humana-Eastern	★	★	★★
Humana-Western	★	★	★★
Medical Associates	★★★	★★★	★★
MercyCare Health Plan	★★	★★	★★★
Network Health Plan	★★★	★★★	★★
Physicians Plus	★★	★★	★★★
Prevea Health Plan	★★	★★	★★
Standard Plans	★★	★★	★
Touchpoint	★★	★★	★
Unity-Community	★★	★★	★★
Unity-UW Health	★★★	★★★	★★★
Valley Health Plan	★★★	★★★	★★★

*The Standard Plans are not managed care plans and have no wellness component.

- **These topics consist of survey results for individual questions.**
- See pages E-6 and E-7 for more about the survey and how to interpret the survey results and for details about stars.

- ★★★ Score for health plan is **better than the average** score for all plans.
- ★★ **Average** (Score for health plan is neither higher nor lower than the average score for all plans.)
- ★ Score for health plan is **below the average** score for all plans.

Health Plan	The Health Plan Over the past 12 months, did plan's overall performance get better, stay the same, or get worse?	The Health Plan Recommend health plan to family or friends?
Atrium Health Plan	★	★★
Compcare Blue Aurora Family	★★	★
Compcare Blue Northeast	★	★
Dean Health Plan	★★	★★★
GHC-Eau Claire	★★	★★★
GHC-South Central	★★	★★
Gundersen Lutheran	★★	★★★
Health Tradition	★★★	★★★
Humana-Eastern	★★	★
Humana-Western	★★★	★★
Medical Associates	★★	★★★
MercyCare Health Plan	★★★	★★
Network Health Plan	★★	★★
Physicians Plus	★	★★
Prevea Health Plan	★★	★
Standard Plans	★★	★★
Touchpoint	★	★
Unity-Community	★	★★
Unity-UW Health	★★	★★★
Valley Health Plan	★★	★★★

Graphs that show details for selected results

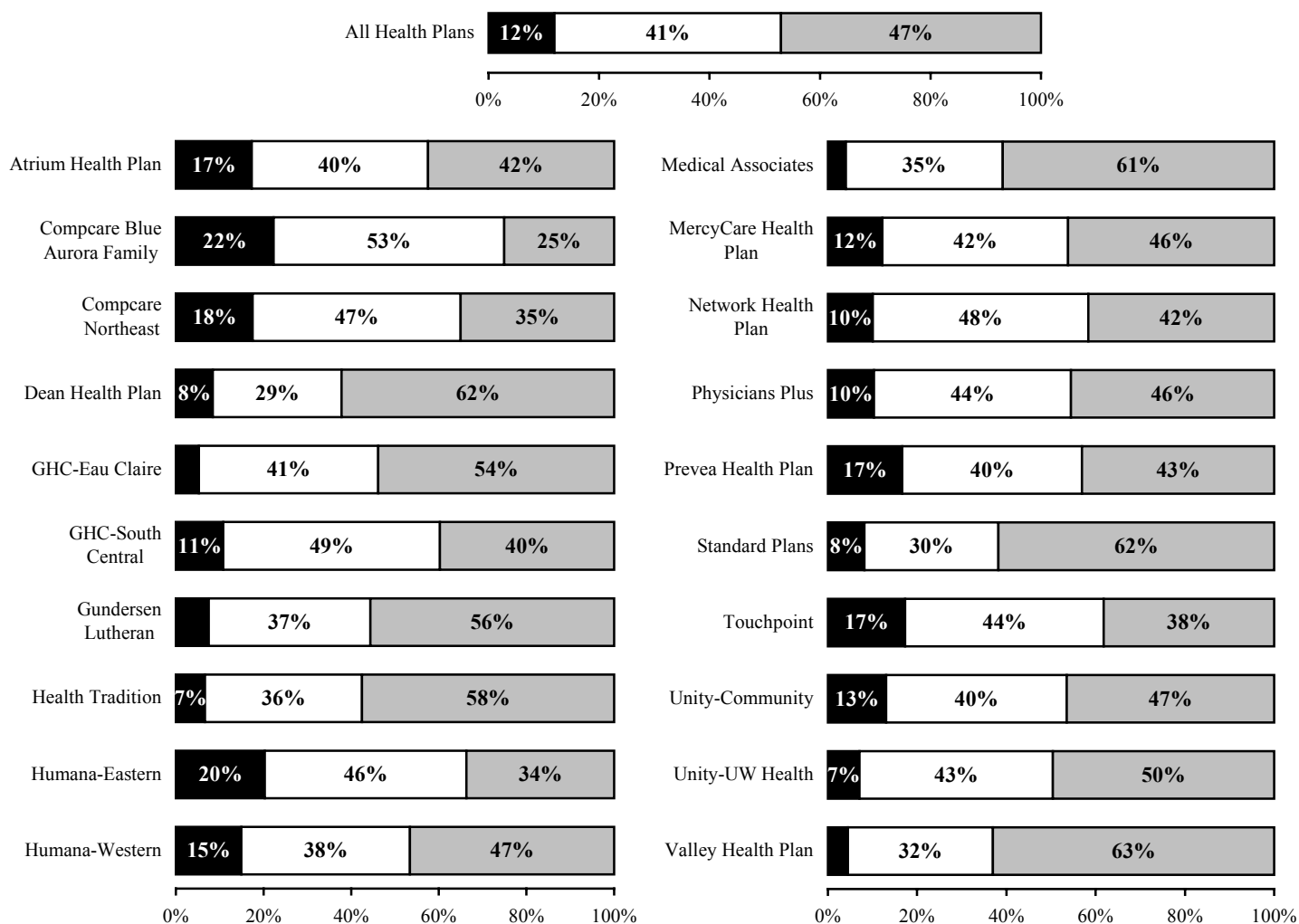
Overall Ratings*

How people rated their HEALTH PLAN

This graph shows:

- The percentage of people who rated their health plan from "0 to 6," "7 to 8," or "9 to 10."
- Everyone who was surveyed was asked to rate their health plan on a scale from 0 to 10 with 0 meaning "worst possible" and 10 meaning "best possible."
- When you compare plans in this graph, keep in mind that "small differences" in percentages are not meaningful. See page E-7 for more on plan differences.

■ % rating 0 to 6 □ % rating 7 or 8 ■ % rating 9 or 10



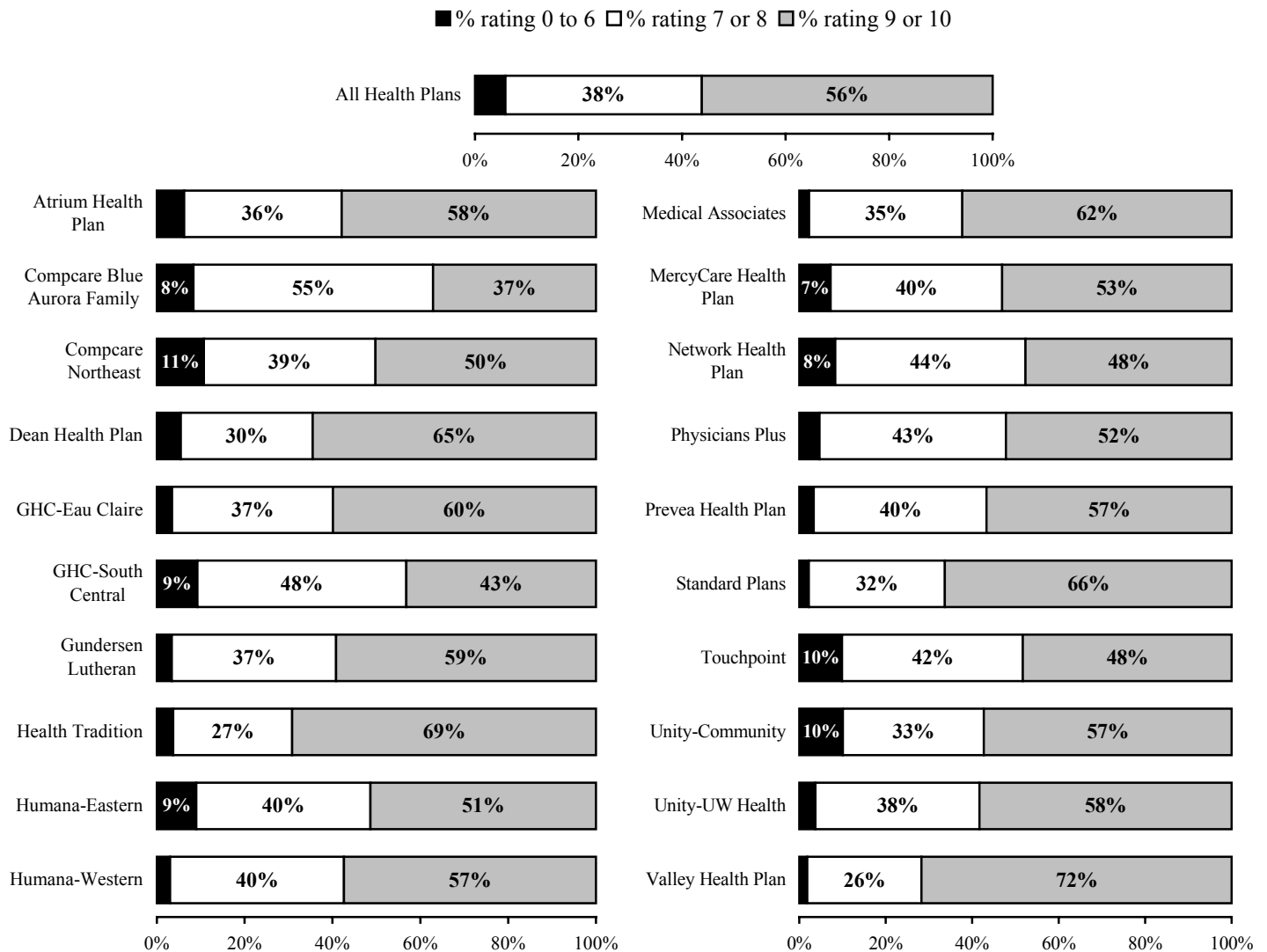
*Bar chart labels of less than 7% may not be visible due to limited space caused by small percentage results.

Overall Ratings*

How people rated their HEALTH CARE

This graph shows:

- The percentage of people who rated their health plan from "0 to 6," "7 to 8," or "9 to 10."
- Everyone who was surveyed was asked to rate their health plan on a scale from 0 to 10 with 0 meaning "worst possible" and 10 meaning "best possible."
- When you compare plans in this graph, keep in mind that "small differences" in percentages are not meaningful. See page E-7 for more on plan differences.



*Bar chart labels of less than 7% may not be visible due to limited space caused by small percentage results.

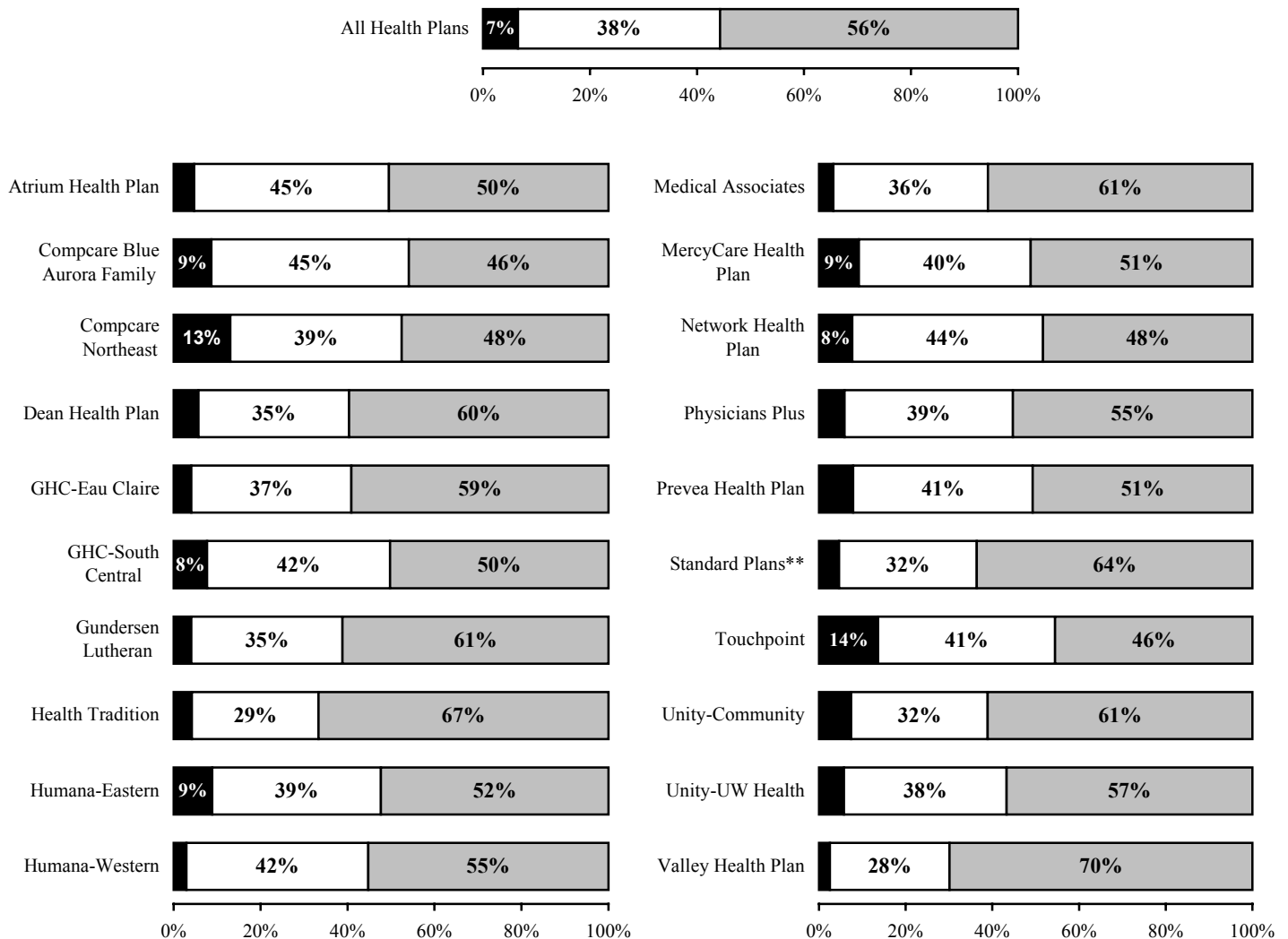
Overall Ratings*

How people rated their PRIMARY DOCTORS

This graph shows:

- The percentage of people who rated their health plan from "0 to 6," "7 to 8," or "9 to 10."
- Everyone who was surveyed was asked to rate their health plan on a scale from 0 to 10 with 0 meaning "worst possible" and 10 meaning "best possible."
- When you compare plans in this graph, keep in mind that "small differences" in percentages are not meaningful. See page E-7 for more on plan differences.

■ % rating 0 to 6 □ % rating 7 or 8 ■ % rating 9 or 10



*Bar chart labels of less than 7% may not be visible due to limited space caused by small percentage results.

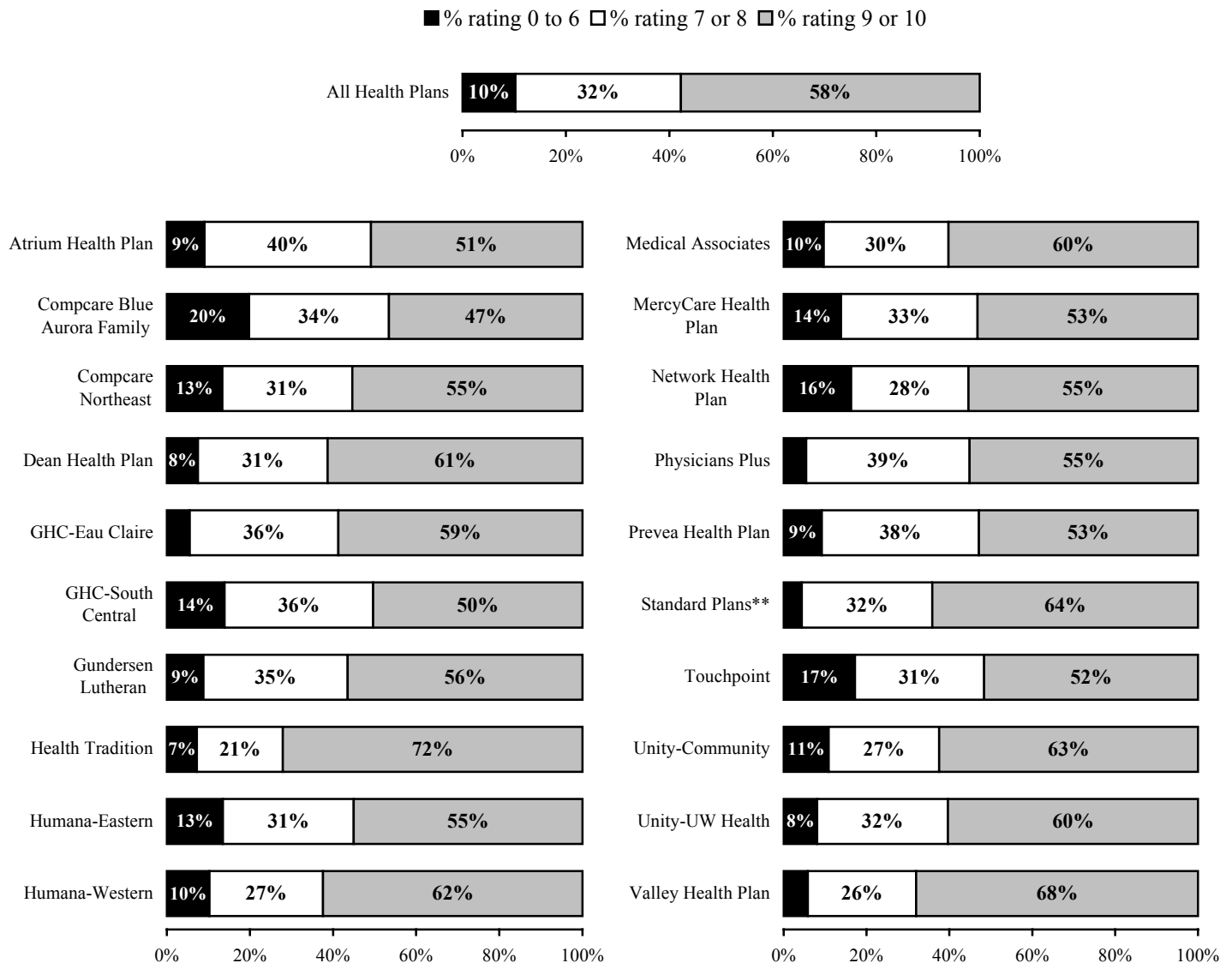
**People enrolled in the Standard Plans have no network limitations in choosing health care providers.

Overall Ratings*

How people rated their SPECIALISTS

This graph shows:

- The percentage of people who rated their health plan from "0 to 6," "7 to 8," or "9 to 10."
- Everyone who was surveyed was asked to rate their health plan on a scale from 0 to 10 with 0 meaning "worst possible" and 10 meaning "best possible."
- When you compare plans in this graph, keep in mind that "small differences" in percentages are not meaningful. See page E-7 for more on plan differences.



*Bar chart labels of less than 7% may not be visible due to limited space caused by small percentage results.

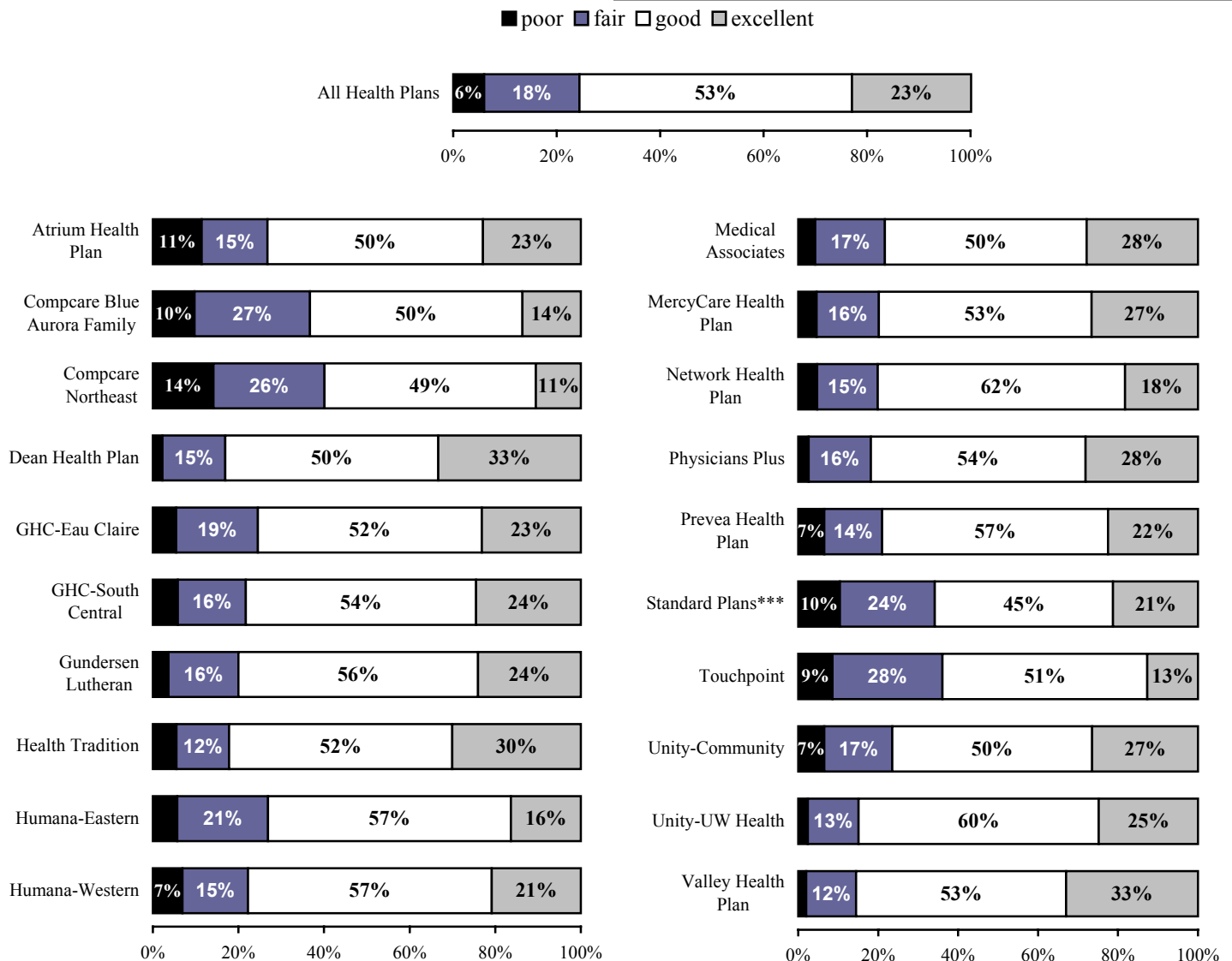
**People enrolled in the Standard Plans have no network limitations in choosing health care providers.

Health Plan*

Plan's efforts to provide educational materials on health/wellness issues**

This graph shows:

- The percentage of people who responded "excellent," "good," "fair," or "poor" to the question, "How would you rate your plan's effort to provide you or your family with educational information on health and wellness issues such as smoking cessation, weight loss, and mammograms, etc.?"
- When you compare plans in this graph, keep in mind that "small differences" in percentages are not meaningful. See page E-7 for more on plan differences.



*Bar chart labels of less than 7% may not be visible due to limited space caused by small percentage results.

**This question is an addition to the CAHPS® scripted questions.

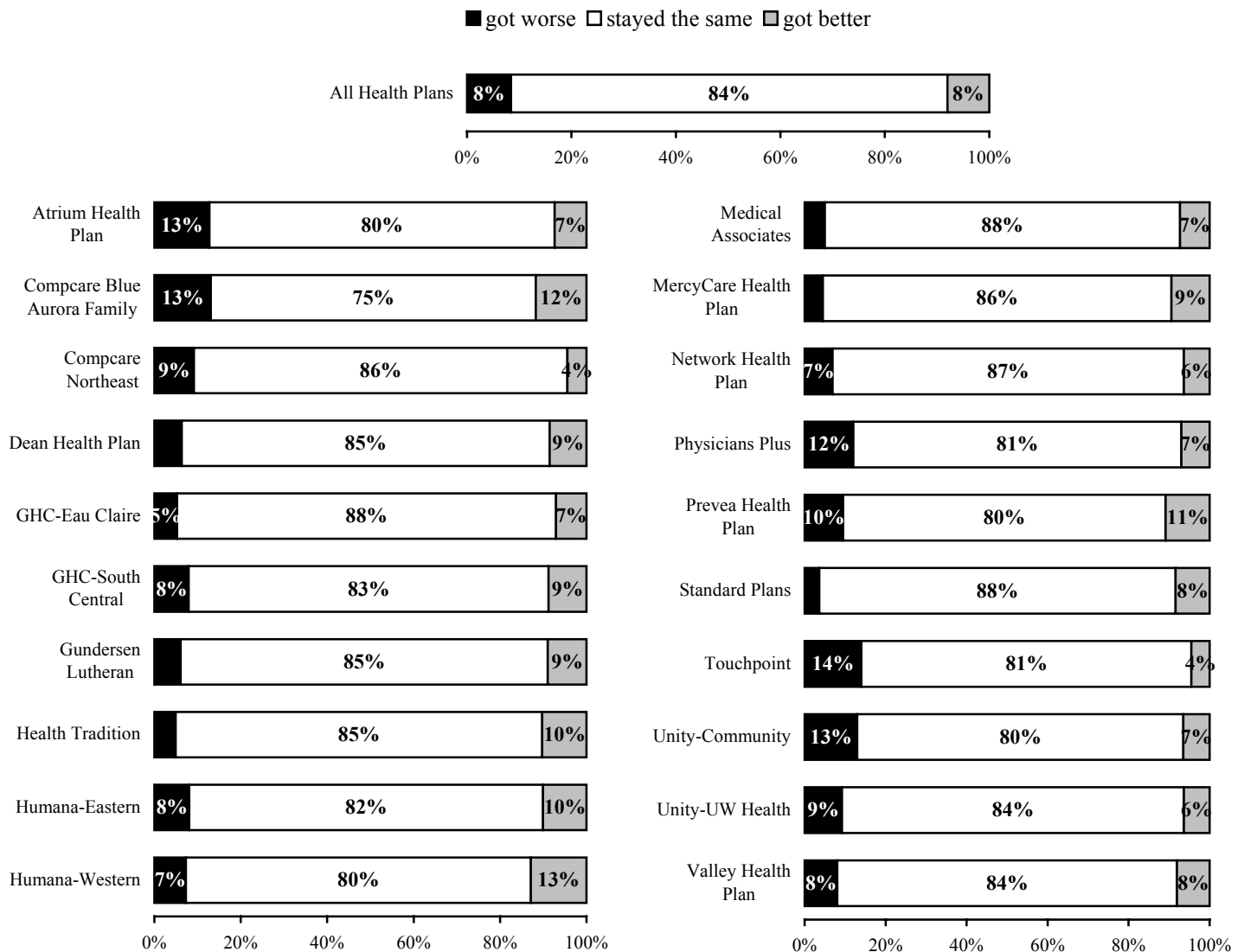
***The Standard Plans are not managed care plans and have no wellness component.

Health Plan*

Plan's overall performance
got better, stay the same, or
got worse**

This graph shows:

- The percentage of people who said it is "**got worse**," "**stayed the same**," or "**got better**" to the question, "Over the past 12 months, did your plan's overall performance get better, stay the same, or get worse?"
- When you compare plans in this graph, keep in mind that "small differences" in percentages are not meaningful. See page E-7 for more on plan differences.



*Bar chart labels of less than 7% may not be visible due to limited space caused by small percentage results.

**This question is an addition to the CAHPS® scripted questions.

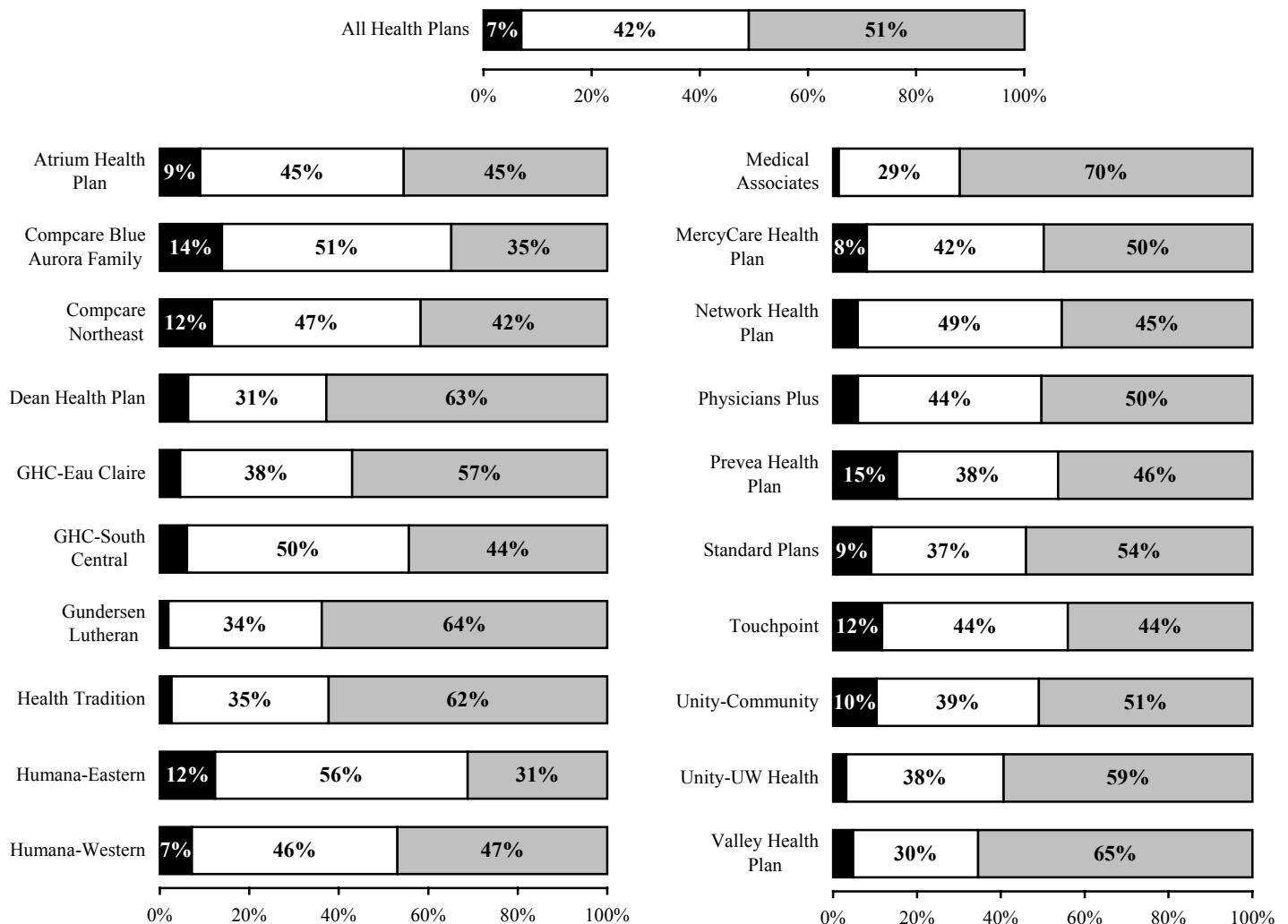
Health Plan*

Recommend health plan to family or friends**

This graph shows:

- The percentage of people who said it is **"definitely not"/ "probably not," "probably yes,"** or **"definitely yes"** to the question, "Would you recommend your health plan to your family or friends?"
- When you compare plans in this graph, keep in mind that "small differences" in percentages are not meaningful. See page E-7 for more on plan differences.

■ definitely not/probably not □ probably yes ■ definitely yes



*Bar chart labels of less than 7% may not be visible due to limited space caused by small percentage results.

**This question is an addition to the CAHPS® scripted questions.

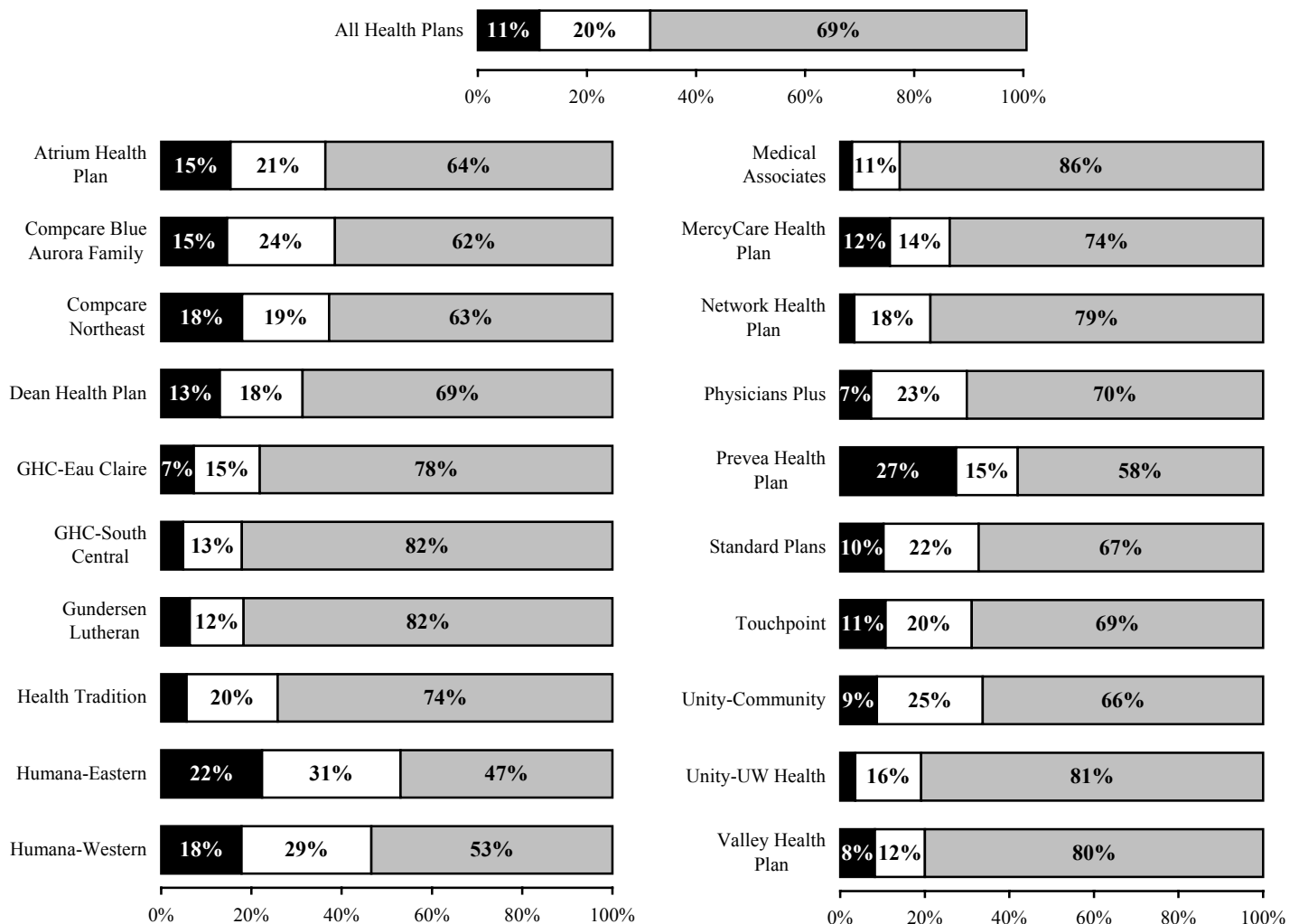
Health Plan*

How much of a problem, if any, to get needed help when called health plan's customer service

This graph shows:

- The percentage of people who said it is **"a big problem," "a small problem,"** or **"not a problem"** to the question, "In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?"
- This question was answered by those who answered "yes" to the question asking if the person had called the health plan's customer service to get information or help. The percent of those who answered "Yes" to this preliminary question ranges from 29 to 62 percent by health plan.
- When you compare plans in this graph, keep in mind that "small differences" in percentages are not meaningful. See page E-7 for more on plan differences.

■ a big problem □ a small problem ▒ not a problem



*Bar chart labels of less than 7% may not be visible due to limited space caused by small percentage results.

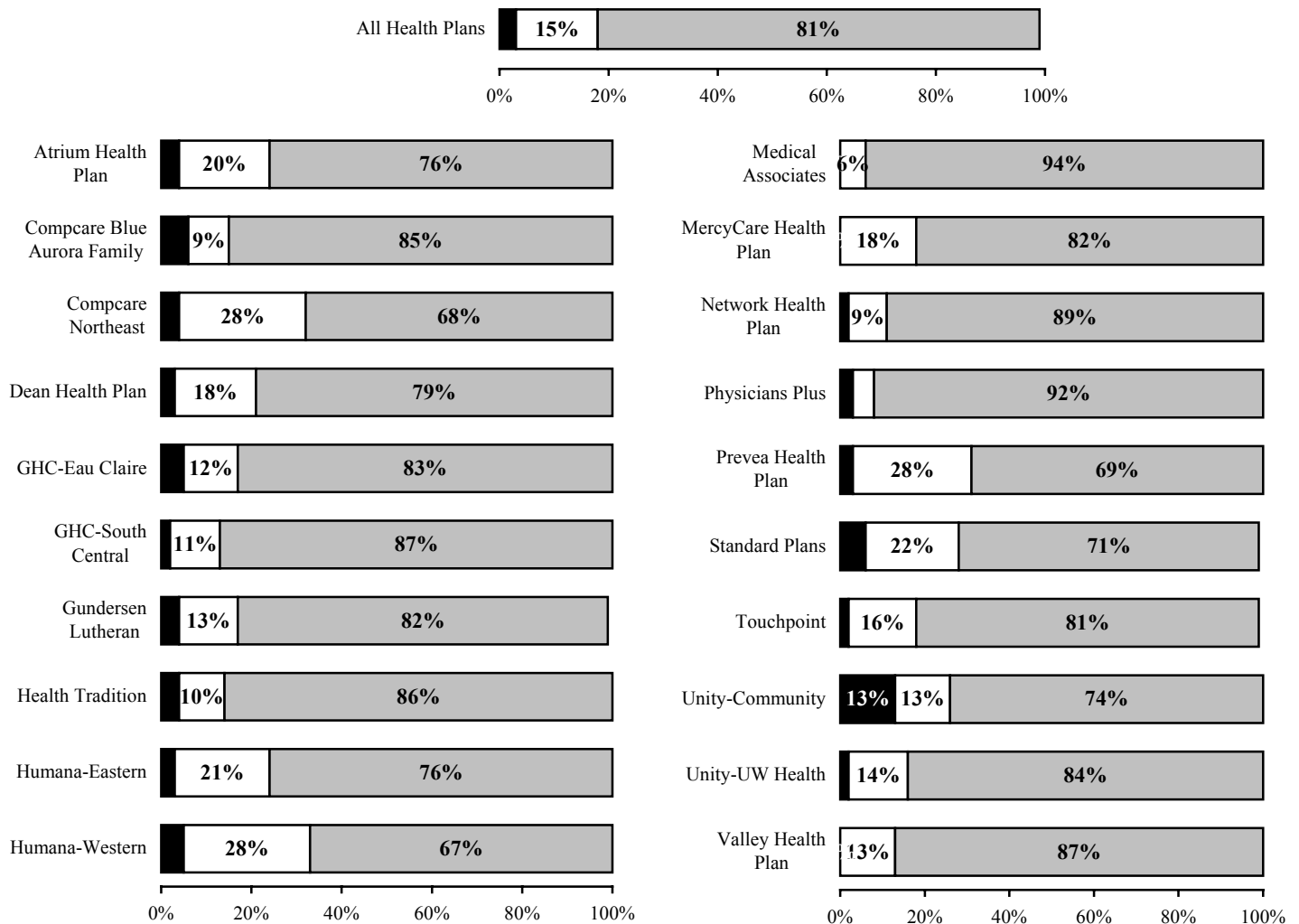
Health Plan*

How much of a problem, if any, have with paperwork for health plan

This graph shows:

- The percentage of people who said it is "**a big problem**," "**a small problem**," or "**not a problem**" to the question, "In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?"
- This question was answered by those who answered "yes" to the question asking if the person had filled out any paperwork for the health plan. The percent of those who answered "Yes" to this preliminary question ranges from 70 to 86 percent by health plan.
- When you compare plans in this graph, keep in mind that "small differences" in percentages are not meaningful. See page E-7 for more on plan differences.

■ a big problem □ a small problem ■ not a problem



*Bar chart labels of less than 7% may not be visible due to limited space caused by small percentage results.

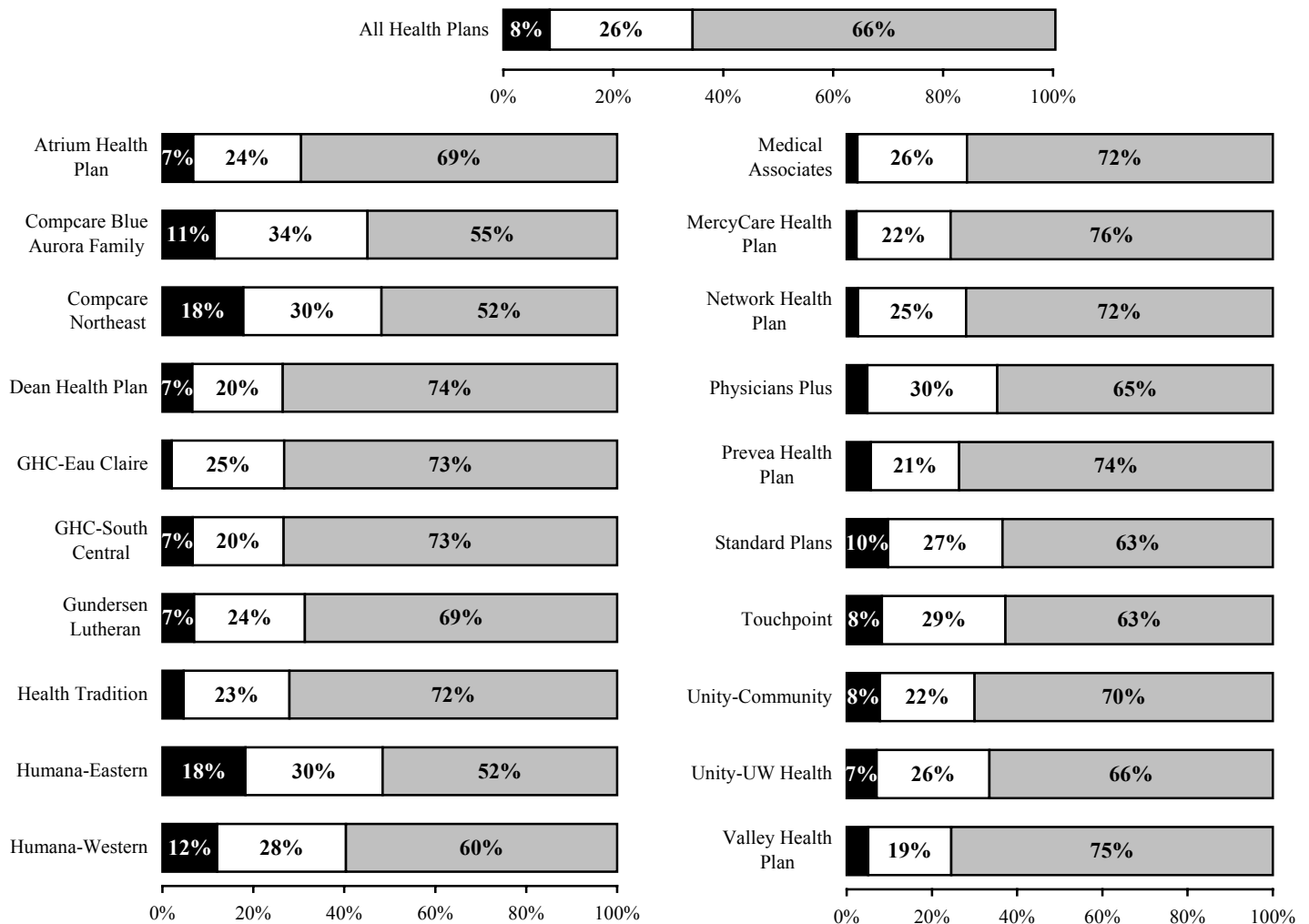
Health Plan*

How much of a problem, if any, was it to find or understand information about how plan works in written materials or on the Internet

This graph shows:

- The percentage of people who said it is **"a big problem," "a small problem,"** or **"not a problem"** to the question, "In the last 12 months, how much of a problem, if any, was it to find or understand this information [about how your health plan works in written materials or on the Internet]?"
- This question was answered by those who answered "yes" to the question asking if the person looked for any information about how the health plan works. The percent of those who answered "Yes" to this preliminary question ranges from 40 to 74 percent by health plan.
- When you compare plans in this graph, keep in mind that "small differences" in percentages are not meaningful. See page E-7 for more on plan differences.

■ a big problem □ a small problem ▒ not a problem



*Bar chart labels of less than 7% may not be visible due to limited space caused by small percentage results.

Grievance and Complaint Tables

2002 STATE HEALTH PLAN GRIEVANCE REPORT*

(SELF REPORTED BY EACH PLAN)

Plan Name	Total	Overtured Mbr's Favor	Plan Compromise	Percent Overtured	Ave 2002 State Contracts **	Percentage of Total Membership	Percentage of Total Grievances
Atrium Health Plan	21	19	1	95%	1,000	1.02%	2.70%
Compcare/Aurora Family	41	28		68%	1,423	1.46%	5.27%
Compcare Blue North***	48	26	1	56%	2,568	2.63%	6.17%
Compcare/Northeast	11	10		91%	1,027	1.05%	1.41%
Dean Health Plan	118	46	7	45%	21,745	22.29%	15.17%
GHC-Eau Claire	7	2	2	57%	1,381	1.42%	0.90%
GHC-South Central	57	17	4	37%	9,385	9.62%	7.33%
Gundersen Lutheran	40	19	4	58%	3,033	3.11%	5.14%
Health Tradition	24	14	2	67%	1,185	1.21%	3.08%
Humana Eastern	102	63	5	67%	9,450	9.69%	13.11%
Humana Western	6	1		17%	1,279	1.31%	0.77%
Medical Associates	1			0%	562	0.58%	0.13%
MercyCare Health Plan	8	4		50%	595	0.61%	1.03%
Network	25	15		60%	3,498	3.59%	3.21%
Physicians Plus	74	26	1	36%	11,465	11.75%	9.51%
Prevea Health Plan	28	12	3	54%	635	0.65%	3.60%
Standard Plans (All)	37	18	5	62%	11,215	11.49%	4.76%
Touchpoint	53	21	2	43%	4,193	4.30%	6.81%
Unity-Community	8	3		38%	1,148	1.18%	1.03%
Unity-UW Health	52	8	2	19%	7,518	7.71%	6.68%
Valley Health Plan	17	8		47%	3,268	3.35%	2.19%
Total	778	360	39	51%	97,573		

*This information is collected by DETF and is not part of the CAHPS® survey.

**Includes annuitants.

***Not participating in program for 2004.

Most Common Types of Grievances Reported:

- 26.3% Non-Covered Services
- 16.8% Unauthorized Services
- 15.7% Referrals

HEALTH INSURANCE COMPLAINTS RECEIVED BY EMPLOYEE TRUST FUNDS
IN 2002**

Plan Name	DETF Number of Complaints	Percentage of Total Complaints
Atrium Health Plan	0	0.00%
Compcare/Aurora Family	4	2.72%
Compcare/North*	11	7.48%
Compcare/Northeast	3	2.04%
Compcare/Southeast*	6	4.08%
Dean Health Plan	20	13.61%
GHC-Eau Claire	0	0.00%
GHC-South Central	1	0.68%
Gundersen Lutheran	2	1.36%
Health Tradition	2	1.36%
HMP 90*	2	1.36%
Humana-Eastern	23	15.65%
Humana-Western	2	1.36%
Managed Health Services*	1	0.68%
Medical Associates	0	0.00%
MercyCare Health Plan	0	0.00%
Network	3	2.04%
Physicians Plus	9	6.12%
Prevea Health Plan	5	3.40%
Security Health Plan*	1	0.68%
Standard Plan I	22	14.97%
Standard Plan II	8	5.44%
Standard Plan Local	3	2.04%
State Maintenance Plan	2	1.36%
Touchpoint	3	2.04%
Unity Health Plans	11	7.48%
Valley Health Plan	3	2.04%

*No longer participating in the State group health insurance program.

**This information is collected by DETF and is not part of the CAHPS® survey.

Other Points of Interest:

- Of the 173 DETF formal complaints reviewed and closed in 2002, 48% were resolved in favor of the member. Of these, 8% were resolved through the health plan grievance process.
- Active employees registered the most complaints (60% of total complaints), with annuitants coming in second (33% of total complaints).
- The DETF Quality Assurance Services staff received 148 new formal complaints in 2002. In addition, they assisted over 100 members with informal health and disability insurance complaints.

Most Common Types of Complaints:

- 24% Billing/Claim Processing
- 24% Excluded or Non-Covered Benefit
- 13% Pharmacy
- 9% Not Medically Necessary
- 7% Unauthorized Services

HEDIS[®] SUMMARY

What is HEDIS[®]? HEDIS[®] (Health Plan Employer Data and Information Set) is the most widely used set of performance measures in the managed care industry. HEDIS[®] is developed and maintained by the National Committee for Quality Assurance (NCQA), a not for profit organization. One purpose of HEDIS[®] is to improve the quality of health care by providing measures designed to increase accountability of managed care.

HEDIS[®] measures were originally designed as performance measures for private employers that purchase health insurance but it has been adapted for use by public purchasers, regulators, and consumers. HEDIS[®] measures are designed to address health care issues that are meaningful to consumers and purchasers. Measures must have important health implications and health care systems should have the ability to take actions to improve their performance. Each measure includes percent of eligible members that received a treatment or screening. For example, if 180 of 200 women aged 52 to 69 received a mammogram in the last two years, the HMO would receive a score of 90 percent.

How can consumers use HEDIS[®]? Consumers can use HEDIS[®] measures to compare the performance of their health care options during the open enrollment period. In order to evaluate an HMO's performance, consumers should consider a number of measures relating to health care. It can be misleading to make simple comparisons based on a single measure. Furthermore, HEDIS[®] measures should only be considered as one tool of many in selecting a health plan. Other plan selection considerations include the Consumer Assessment of Health Plans (CAHPS[®]) member satisfaction data, providers available in a plan, and employee share of insurance costs.

Consumers may also use HEDIS[®] data to educate themselves about recommended preventative health screenings, procedures and provider contacts recommended for members who have been diagnosed with conditions such as diabetes, heart disease, asthma, and depression.

Consumers should keep in mind that measure rates can differ based on factors other than true and meaningful differences. For example, rates could differ because of random chance, different member populations and data collection issues.

Accuracy of results. HEDIS[®] measures have been developed and refined for more than eight years. In that time, Managed Care Organizations (or HMOs) have become increasingly better at data collection and reporting. Audited data may be more reliable than un-audited data because the auditing process ensures that only accurate measures are reported.

Different member populations. HEDIS[®] scores may differ across HMOs for a number of reasons, such as true differences in performance or lack of reliable data. Scores can also differ due to the various member populations each HMO serves. Every practitioner and Managed Care Organization provides care for a distinct subset of health care consumers. Some consumers are old, some are young, some are healthy, others have been chronically ill since birth. Some patients adhere closely to recommendations given by their health care professionals while others may be labeled "noncompliant."

These are some of the many reasons that Managed Care Organizations may have different results even if they are *delivering care identically*. It may well be non-random events that cause Managed Care Organizations to serve different populations. For example, geography, marketing strategies to enroll employers in a specific industry, benefit design or the provider network may heavily influence the gender, ethnicity or educational status of the member population.

How should HEDIS[®] scores be interpreted? Generally, NCQA recommends that a difference in score not be interpreted as meaningful unless there is a 10-percentage point difference between the scores being compared. In cases in which there is a small sample size (N<100), a 20-percentage point difference is considered clinically significant and meaningful. A clinically meaningful difference is different than a statistically significant difference between two scores. A difference can be statistically significant and not have a material affect on the treatment that members receive.

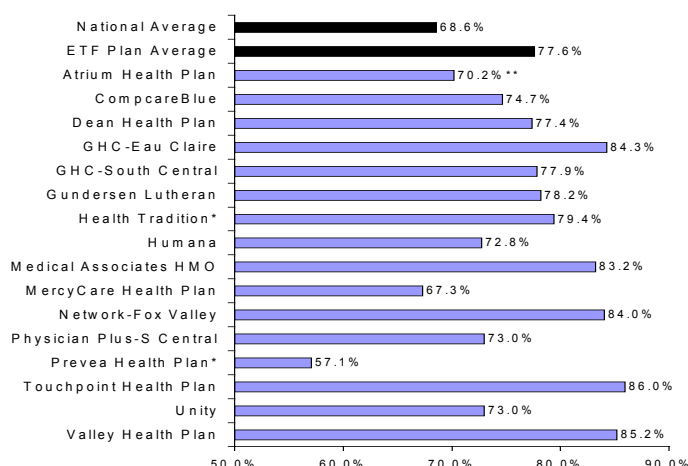
Small sample sizes may also impact scores. This may be the result of a smaller HMO not having enough eligible members for the measure to make up an adequate sample. A minimum sample size of N=30 is needed for a measure to be included in any type of comparison. Scores for plans with low sample sizes are labeled as “NA” in the HEDIS[®] results section of this report card.

Items to consider when comparing the HMO’s included in this report card:

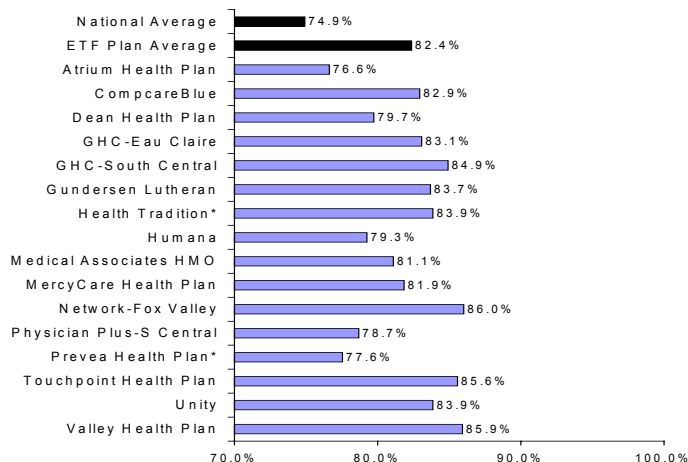
- There are two health plans (Health Tradition and Prevea) that did not have their data audited and do not submit to NCQA. Plans reporting unaudited data are identified with a single asterisk (*) following the plan name in the HEDIS[®] results section of this report card.
- HEDIS[®] data are not available for the Standard Plans because indemnity plans generally lack the quality improvement and reporting functions of Managed Care Organizations.
- The Wisconsin averages included in this report card include only HMOs that participate in the State program, have audited data and submit data to NCQA.
- The interpretation of meaningful differences must take into account the sample size. If the sample size is 100 or greater, then a difference of 10 percentage points is considered to be a meaningful difference. However, if the sample size is less than 100, then a difference of at least 20 percentage points is needed before a difference would be considered meaningful. Scores based on a sample size of less than 100 are identified by a double asterisk (**) after the rate in the HEDIS[®] results section of this report card.
- Members can create their own interactive report card to evaluate the HMOs that are accredited by NCQA, by visiting the NCQA website: <http://www.ncqa.org> and clicking on the Health Plan Report Card link.

HEDIS® Results

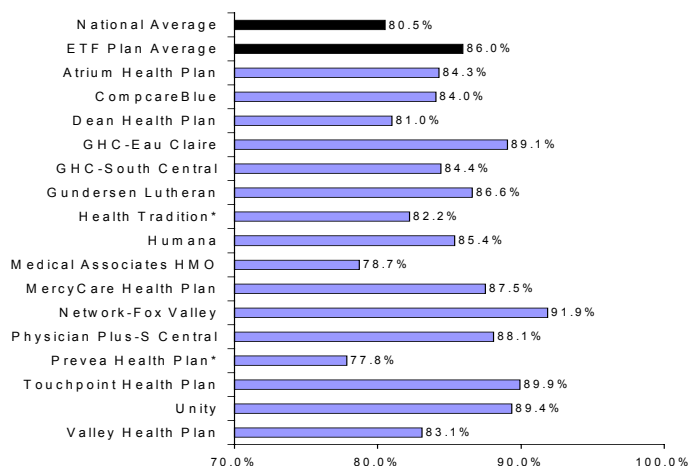
Childhood Immunization Status: Combination #1



Breast Cancer Screening



Cervical Cancer Screening



*HEDIS® results are un-audited and the HMO does not submit data to NCQA. Result should be interpreted with caution.

**HEDIS® scores are derived from a denominator <100. Only differences of 20 percentage points or more from this score should be interpreted as meaningful.

Women and Children's Health

Did children receive important immunizations before their second birthday, including:

- At least four shots of diphtheria-tetanus-pertussis (DTaP)
- At least three polio vaccinations (IPV/OPV)
- At least one measles, mumps and rubella (MMR)
- Three H influenza type B (HiB) with at least one falling between the child's first and second birthday
- Three hepatitis B vaccinations, with at least one falling between the child's sixth month and second birthday

Childhood immunizations help prevent serious illnesses, such as polio, tetanus, whooping cough, hepatitis, and influenza.

Did women 52 to 69 years old have a mammogram within the last two years?

Breast cancer is the second most common type of cancer among American women, with approximately 184,300 new cases reported each year. Early detection gives women more treatment choices and a better chance of survival. Mammography screening has been shown to reduce mortality by 20 to 40 percent among women age 50 and older.

What percentage of women ages 21 to 64 had at least one Pap test during the past three years?

Approximately 13,000 new cases of cervical cancer are diagnosed annually, and about 4,800 women die of the disease each year. A number of organizations, including the American College of Obstetricians and Gynecologists, the American Medical Association, and the American Cancer Society, recommend Pap testing every one to three years for all women who have been sexually active or who are over 18 years old. Cervical cancer can be detected in its early stages by regular screening using a Pap test, which has been credited with reducing the number of deaths from cervical cancer by as much as 75 percent.

Women and Children's Health

What percentage of pregnant women began prenatal care during the first 13 weeks of pregnancy or within 42 days of enrollment if more than 13 weeks pregnant when enrolled?

Prenatal care can be delivered by a variety of appropriate obstetrical, primary care or nurse-midwife practitioners. Healthy diet, counseling, vitamin supplementation, identification of maternal risk factors and health promotion all need to occur early in a pregnancy to have a maximum impact on outcomes. Poor outcomes include spontaneous abortions, low birth-weight babies, large-for-gestational-age babies, and neonatal infections.

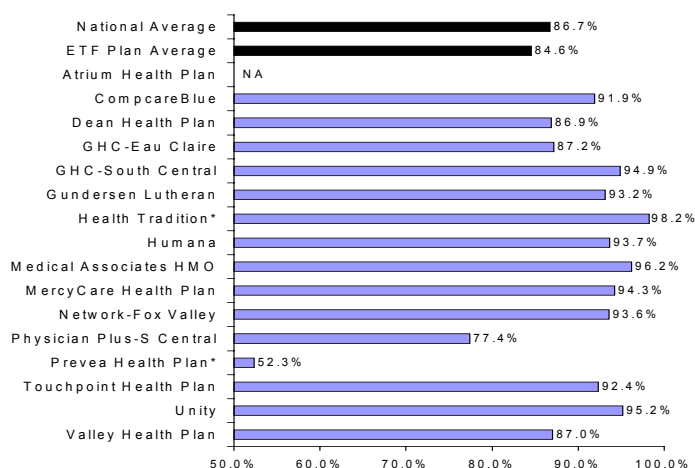
What percentage of women who had live births had a postpartum visit between 21 and 56 days after delivery?

The 8 weeks after giving birth are a period of physical, emotional and social changes for the mother during a time when she is also adjusting to caring for her new baby. To give practitioners a chance to offer advice and assistance, the American College of Obstetricians and Gynecologists recommends that women see their health care provider at least once between 4 and 6 weeks after giving birth. The first postpartum visit should include a physical exam and an opportunity for the health care practitioner to answer questions and give family planning guidance and counseling on nutrition.

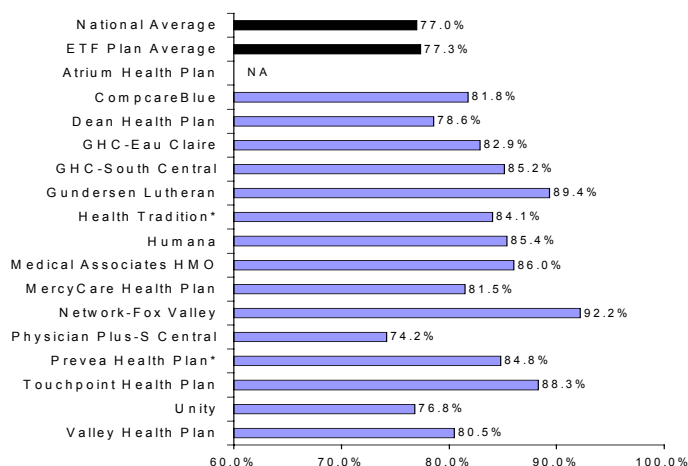
What percentage of members with persistent asthma are being prescribed medications acceptable as primary therapy for long-term control of asthma?

Asthma is the most common chronic childhood disease, affecting an estimated 4.8 million children. Overall, approximately 17.3 million people in the United States have asthma, and the prevalence increased 29 percent between 1980 and 1987. During the same period, the death rate from asthma increased 31 percent. People with asthma collectively have more than 100 million days of restricted activity and 5,000 deaths annually. Successful management of asthma can be achieved for most asthmatics if they take medications that provide long-term control.

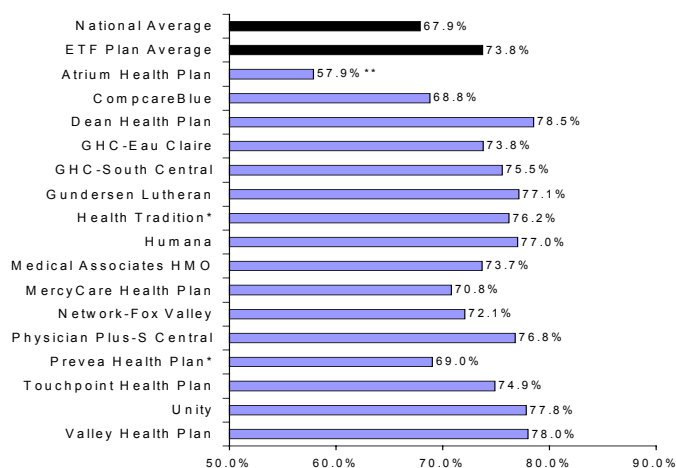
Timeliness of Prenatal Care



Postpartum Care



Use of Appropriate Medications for People with Asthma



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Living with Illness

What percentage of adults age 46 to 85 years old who were diagnosed with hypertension had their blood pressure controlled?

Control is demonstrated by a blood pressure reading that is less than or equal to both 140 mm Hg systolic and 90 mm Hg diastolic at the last office visit during the measurement year. Literature from clinical trials indicates that 53 percent to 75 percent of persons under treatment achieved control of their blood pressure.

Approximately 50 million Americans, including 30 percent of the adult population, have high blood pressure. Numerous clinical trials have shown that aggressive treatment of high blood pressure reduced mortality from heart disease, stroke and kidney failure.

What percentage of members age 18 to 75 who had an acute cardiovascular event within the prior year had their LDL-C (cholesterol) screened between 60 and 365 days after the event?

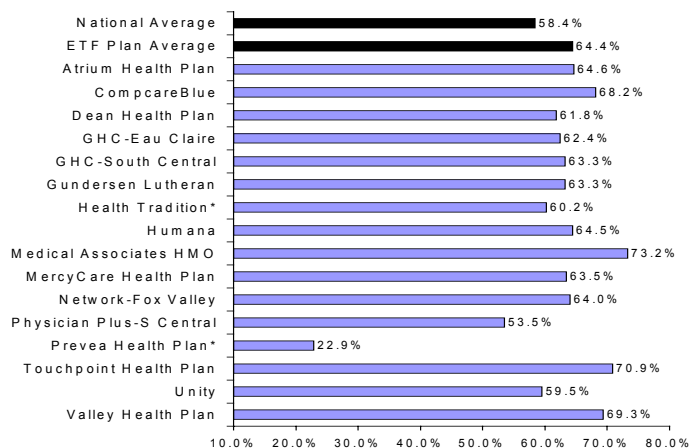
Total blood cholesterol is directly related to the development of coronary artery disease and coronary heart disease, with most of the risk associated with LDL cholesterol. When LDL-C levels are high, cholesterol can build up within the walls of the arteries and cause atherosclerosis, the build-up of plaque. Hemorrhaging or clot formation can occur at the site of plaque build-ups, blocking arteries and causing heart attack and stroke. Reducing cholesterol in patients with known heart disease is critically important, as treatment can reduce morbidity (heart attacks and strokes) and mortality by as much as 40 percent.

What percent of diabetic members age 18 to 75 years old received the following screenings:

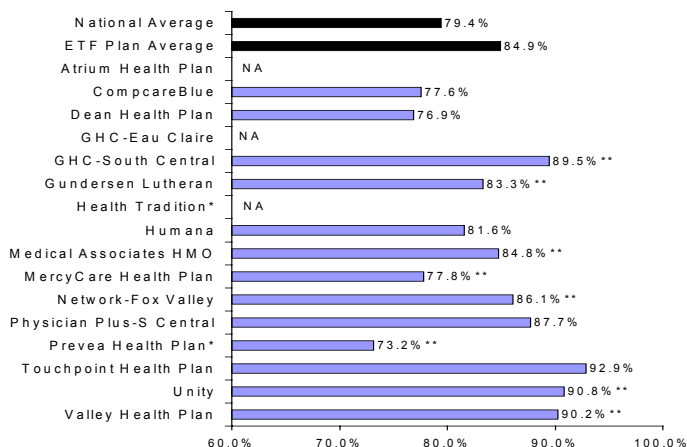
- HbA1c (long term glucose blood test)
- LDL-C (cholesterol) screening
- Retinal eye examination
- Kidney disease monitoring

Diabetes description continued on the next page

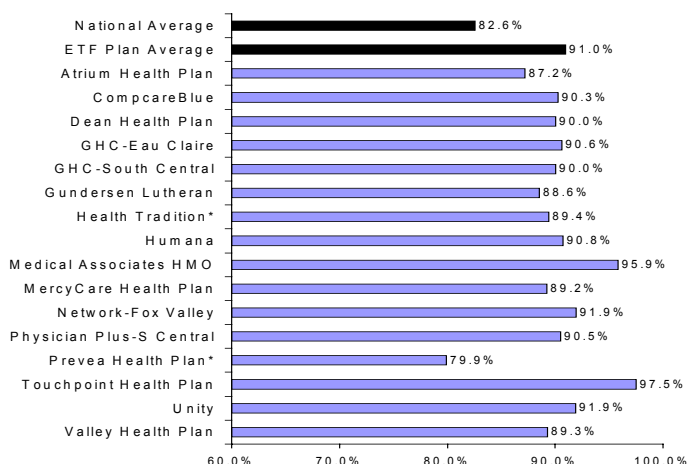
Controlling High Blood Pressure: Blood Pressure Measure



Cholesterol Management after Acute Cardiovascular Events: Cholesterol Screening



Comprehensive Diabetes Care: HbA1c Testing



*HEDIS® results are un-audited and the HMO does not submit data to NCQA. Result should be interpreted with caution.

**HEDIS® scores are derived from a denominator <100. Only differences of 20 percentage points or more from this score should be interpreted as meaningful.

Living with Illness

Diabetes Continued

Diabetes is one of the most costly and highly prevalent chronic diseases in the United States. Approximately 16 million Americans have diabetes; half of these cases are undiagnosed.

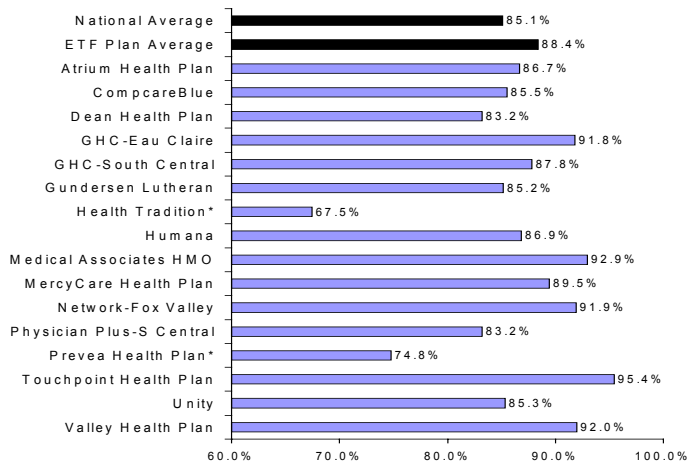
Complications from the disease cost the country nearly \$100 billion annually. In addition, diabetes accounts for nearly 20 percent of all deaths in persons over age 25. Many complications, such as amputations, blindness and kidney failure, can be prevented if detected and addressed in the early stages.

Diabetes is a multi-faceted disease, affecting multiple organs and requiring the involvement of a multidisciplinary health care team. It is difficult to assess comprehensive diabetic care without examining several factors. This measure contains a variety of indicators that provide a comprehensive view of how providers and Managed Care Organizations are addressing this disease.

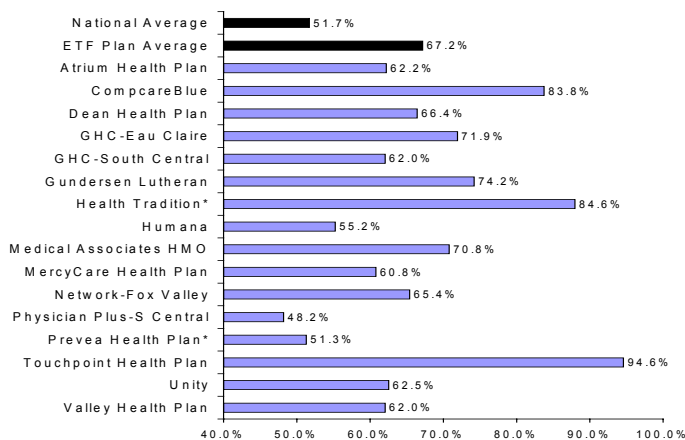
Nationally, 10 percent of Managed Care Organizations had eye examination rates for people with diabetes of 66 percent or greater, as of the year 2000. Regular eye examinations for members with diabetes reduce the risk of blindness. If the rest of managed care organizations performed at this level, more than 3,400 additional cases of blindness would be prevented each year.

Nationally, 10 percent of Managed Care Organizations had rates of 86 percent or greater on HbA1c screening and 56 percent or greater monitoring for kidney disease.

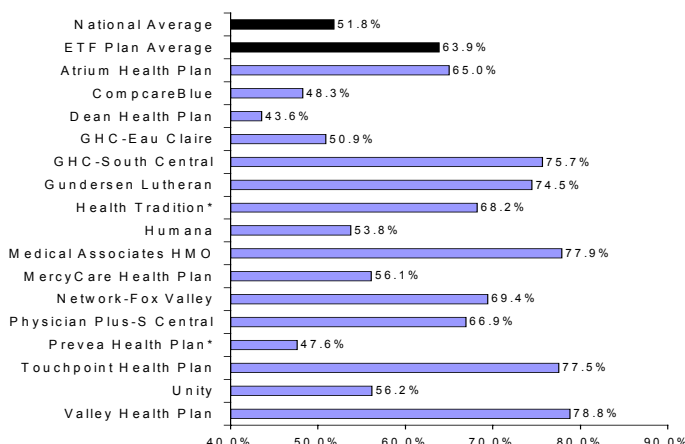
Comprehensive Diabetes Care: Cholesterol Screening



Comprehensive Diabetes Care: Eye Exam



Comprehensive Diabetes Care: Kidney Disease Screening



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Behavioral Health Care

Did members age 18 years and older, treated with antidepressants for a new diagnosis of depression receive the necessary care, including:

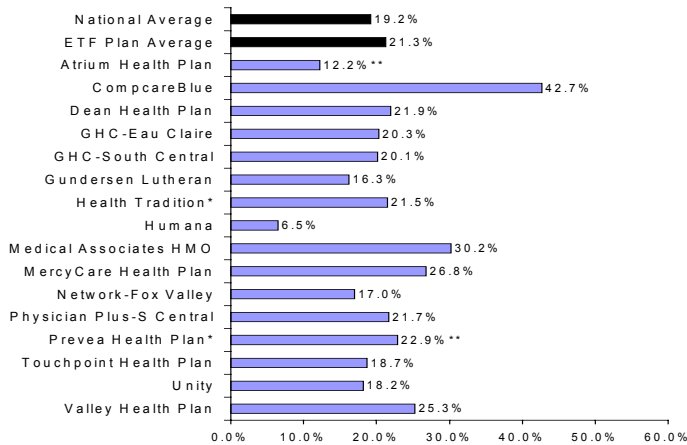
- Adequate clinical management of new treatment episodes (at least three follow-up office visits during the first 12 weeks after diagnosis and start of medications)
- Adequate acute phase trial medications (stayed on medication for 3 months)
- Completion of a period of continuous treatment for major depression (stayed on medication for 6 months)

Based on current treatment protocols outlined in the 1993 Agency for Healthcare Research and Quality (AHRQ) *Depression in Primary Care* guideline, these measures address clinical management and pharmacological treatment of depression.

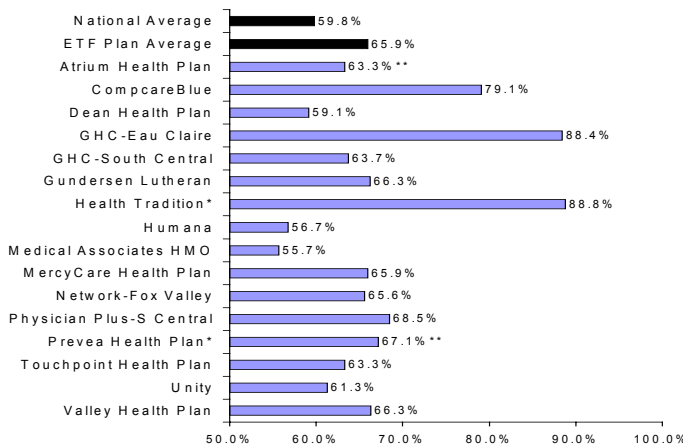
Patients who have a moderate to severe case of major depression are generally good candidates for treatment with antidepressant medication. If pharmacological therapy is initiated, the AHRQ *Depression in Primary Care* guideline defines three phases of treatment: acute, continuation and maintenance.

The acute phase, lasting through the first 12 weeks of treatment, allows the clinician to monitor drug response and assure a full remission of symptoms. However, the attainment of remission may be followed by relapse unless a continuation phase (4 to 9 months) is instituted. Finally, for a select group of patients with major depressive disorder, a maintenance phase must be adopted to prevent future recurrences of symptoms and distress.

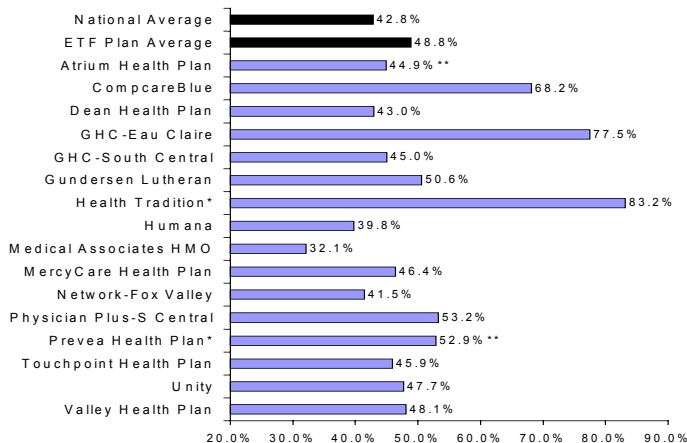
Antidepressant Medication Management: Optimal Practitioner Contacts for Medication Management



Antidepressant Medication Management: Effective Acute Phase Treatment



Antidepressant Medication Management: Effective Continuation Phase Treatment



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